

Suicide: A contagious disease being spread by the media?

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Reports of suicides may encourage the idea in other people. Paul Allen examines the researches of a Sheffield psychiatrist

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WHEN Goethe wrote a novel called *The Sorrows of the Young Werther*, it was banned in many European centres because fashionable and romantic young men were supposed to be following the hero's example and shooting themselves. The authorities never undertook the scientific research to demonstrate any connection between Werther and the suicide rate, but the idea has stuck — strongly enough for an American to call his own theories on the influence of suggestion on suicide "the Werther effect."

If there is such a thing, where does that leave media coverage of coroners' inquests? By reporting suicides — in sensational terms or otherwise — do newspapers, radio, and television actually spread suicide like a contagious disease?

A Sheffield psychiatrist, Dr Phil Seager, believes there is at least a prima facie case, in legal jargon, and that newspapers should conduct some sort of experiment to find out whether publicity does lead to more suicides. He has asked the Press Coun-

cil to initiate such an experiment among regional newspapers, which would involve silence on suicide cases over an extended period so that figures could be matched and studied.

What Dr Seager has on his side is some hard evidence that suicide rates go up when someone famous kills himself.

The American researcher on the Werther effect, David P. Phillips of the State University of New York, studied rates of suicide in America and Britain over a twenty year period from 1943 and related them to suicide cases well publicised in the *New York Times*, *New York Daily News*, and our own *Daily Mirror*.

In America the suicide rate increased by some 12 per cent following the death of Marilyn Monroe; here it went up by just under ten per cent. The death of Stephen Ward at the time of the Profumo affair coincided in the following month with an increase here of 17 per cent in actual suicides over the average. In America, where the Ward case was less widely publicised, the

increase was just under ten per cent.

If the figures seem smallish, they should be seen against a background of generally declining suicide figures. And Phillips found a total of nearly 1,300 deaths against the trend over the 20 years.

Dr Seager does not envisage any kind of legal censorship on suicide reporting. "It is a matter of getting editors to exercise their judgment more, with knowledge of what the facts are. I think you have got to allow the case of a Monroe or leading politician or whatever to be reported. There is a legitimate public interest. It is those cases where there is no obvious public point that I am concerned about."

So far the only way of researching what happens to the suicide rate when cases are not reported has been to use the erratic evidence of newspaper strikes. In studies of half a dozen such cases in America only one — in Detroit — showed any sign of supporting the theory of the Werther effect, and the figures aren't universally convincing in that one. But local

radio and television news is so much more widespread in America that a newspaper strike hardly constitutes a blackout.

When there was a lengthy strike in Kettering in 1977 the local editor continued to bring out the *Northamptonshire Evening Telegraph* more or less single-handed but was unable to cover inquests: the suicide rate went down at a time when in neighbouring (strike-free) *Northampton* it went up. But the figures again are not very significant.

Dr Seager points to other evidence. A study in Portsmouth over three years looked for suicide reports in the *Portsmouth Evening News*. It found a statistical link with subsequent suicides in some categories, not in others. The researchers concluded: "A controlled study of suppressing suicide reporting would be a feasible way of testing more directly the influence of reports on the suicide rate."

One factor is the likely suggestibility of the kind of people who might be persuaded to take their own

lives. The number of people who hang themselves decreased at once when capital punishment (and of course the accompanying publicity for hanging) was abolished. Dr Seager says that before abolition someone in an unbalanced state would have been likely to say: "I am a guilty person who has committed terrible crimes against my family, friends, or whatever. I am not fit to live." And he would "execute" himself.

He is also increasingly aware of the suggestibility of people who take drug overdoses but do not kill themselves: while the suicide rate is declining, overdoses are increasing to near-epidemic proportions.

"In five years in Sheffield they have gone up from 500 a year to 1,200 a year. Apart from anything else they are a great economic problem in our hospitals. In 1963 the Department of Health recommended that all such cases should be seen by psychiatrists.

"It was no problem then," says Dr Seager, who is a member of the Hospitals

Advisory Service. "Now, when you can be faced with five or six cases a day on top of your other duties, it is a problem to see them, let alone treat them."

But people who take overdoses without killing themselves can at least be asked why they did it. "The number who will give answers suggesting imitative or group behaviour when asked is much higher than chance," says Dr Seager.

In his reply to Dr Seager, the chairman of the Press Council, Patrick Neill QC, says that no proof of connection between publicity and subsequent suicides has been made.

Dr Seager cannot argue with that, since proof is precisely what he is seeking through a controlled experiment.

Mr Neill goes on to suggest that any connection may refer simply to the manner of death (a connection hard to refute in the light of recent "human torch" suicides) or timing.

But timing may be all important, says Dr Seager. "If somebody is suicidally inclined over a period of

days, weeks, or months, with luck someone else will notice and that person will be treated. There is then less chance that he will kill himself.

"I am not saying that if somebody is clear and rational and feels he has had enough, through illness, bankruptcy, or domestic misery, it is never right to end it all. I can accept that there might be a situation when I personally felt life had no more to offer. But I don't want people killing themselves when their minds are fogged by depressive illness — when the balance of their minds is disturbed as the law calls it."

These are the cases in which he wants to know whether publicity tips people over the edge. The Press Council, inevitably, has referred him to the spectre of a "conspiracy" to censor the press.

Dr Seager regards this as "over-dramatic." So far he has resisted the temptation to wonder, equally dramatically, whether the freedom of the Press includes the freedom to suggest killing themselves to people.